KMH
CARDIOLOGY CENTRES INC.

# BLOOD SUGAR LOG SHEET

| Date (MMDDYY) | Breakfast | | Lunch | | Dinner | | Bedtime | Comments |
|---|---|---|---|---|---|---|---|---|
| | Before | 2 hours after | Before | 2 hours after | Before | 2 hours after | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Name: _____ Month _____

T: 1-877-564-5227 | F: 1-877-564-3297 | E: info@kmhlabs.com | kmhlabs.com